÷	WORN STATE	MENT IN PROOF OF LOW TEST	OSS 005-05-207710
		OM TES	CLAIM NIIMPER
5 137 000 00 - Conton	te CA	Mari	PRIERO
5,137,000.00 - Conter AMOUNT OF POLICY AT TIME OF LOSS	LS	FIREMAN'S FUND INSURANCE COMPANY	200- NZF-02663581
06/30/05		THE AMERICAN INSURANCE COMPANY	Van Nys CA
DATE ISSUED	Fireman's	MATIONAL SURETY CORPORATION	AGENCY AT
06/30/06	Fund	ASSOCIATED INDEMNITY CORPORATION AMERICAN AUTOMOBILE INSURANCE COMP.	B +11 A. A
DATE EXPIRES		El American Adiomobile Insurance Comp.	AGENT
	The A		AGENI
To the Novato, CA	ne anerm	can Insurance Company	
At time of loss, by the above indicated in the second in t	cated policy of insurance	you insured_Mariah Carey C/O	Gelfand Rennert &
against loss by All R	ick		
		to the property describe	ed under Schedule "A," according to
the terms and conditions of the		ns, endorsements, transfers and assig	
1. Time and Origin: A <u>Wa</u>	(State Kind)	loss occurred abou	of the hour ofo'clockM.,
on the 02 day of April from the buildings	2005 The co	use and origin of the said loss were	e:Water Damage Infultration
2. Occupancy: The building d and for no other purpose what	escribed, or containing ever: Condo 1	the property described, was occupi riplex Unit	ed at the time of the loss as follows,
3. Title and Interest: At the time as owned incumbrance thereon, except:	·	of your insured in the property desc	cribed therein was or persons had any interest therein or
			r change of interest, use, occupancy,
5. Total Insurance: The total	amount of insurance u	pon the property described by this	policy was, at the time of the loss, under Schedule "C," besides which
there was no policy or other co	ontract of insurance, wr	itten or oral, valid or invalid.	under schedule C. besides which
6. Full Replacement Cost of the	said property at the ti	me of the loss was	\$
7. The Full Cost of Repair or Re	eplacement is	· · · · · · · Gontents · ·	\$ 6,342.44 11,794.65
8. Applicable Depreciation is			\$
9. Actual Cash Value loss is (Li	ne 7 minus Line 8) .		6,342.44 11,794.65
10. Less deductibles and/or p		red	
•	☐ Partial		
11. Actual Cash Value Claim i			6,342-44 11,794.65
		the terms and conditions of the Repl	ocement
Cost Coverage within	days from date	of loss as shown above, will not exce	eed C
This figure will be that por	tion of the amounts sho	own on lines 8 and 10 which is seco	warahlal
The said loss did NOT originate by any a the Insured or this officiant to violate the coing damaged or destroyed, and belonging attempt to deceive the said Company, as the Company to all rights, title and intererequired will be furnished on call and cor THE INSURED OR THE PREPARING OF P. COMPANY.	ct, design or procurement on inditions of this policy, or rend to, and in possession of the so to the extent of said loss, has in and to the property for visidered a part of these Procise ROOFS BY AN ADJUSTER, OR	the part of the Insured of this affiant; nothing har it void; no articles are mentioned herein or in id Insured at time of said loss; no property sain any manner been made. In consideration of hitch claim is being made to the extent of suc. IT IS EXPRRESSLY UNDERSTOOD AND AGREMANY AGENT OF THE COMPANY NAMED HERE	as been done by or with the privity or consent of annexed schedules but such as were in the build-ved has been in any manner concealed, and no the payment made, the Insured hereby subrogates the payment. Any other information that may be D. IHAI THE FURNISHING OF THIS BLANK TO CHN IS NOT A WAIVER OF ANY RIGHTS OF SAID
A 1 -	STANLEY LE		7
State of	No. 02LIGO61		
County of N	Comm. Expires J		O P0219
Subscribed and sworn to before	me this 13 day of	Mach 20	INSURED
	•	NOWINGLY AND WITH INTENT TO DE	FRAUD ANY INSURANCE COMPANY OR
405033—1-75 (NY)	OTHER PERSON FILES	PARTY AT THE PURPOSE OF MISH FADING INFORMAT	ANY MATERIALLY FALSE INFORMATION,

THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

			SCHEDULE "A"-	-POLICY FO	RM					
Policy Form No			Dated							
tem 1. \$	·	00	Dated	 					*****	
tem 2, \$		on				····				
tem 3. \$		on						·		
ituated							-			
Coinsurance, A	Average, Distr	ibution, or	Deductible Clauses, if a	iny						
oss, if any, pa	yable to			· 						
		STATEA	SCHEDI NENT OF ACTUAL CASH V	ULE "B" VALUE AND L	OSS AND	DAMAGE				
			e see see see se					UAL CASH VALUE	LOSS AN	
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OTALS:						·	L			
			SCHEDULE "C"—	-APPORTION	MENT					
POLICY NO. EXPIRES NA		NAME OF COMPANY		ITEM NO			ITEM NO			
		TABLE OF COMPANY		INSURES PAYS			INSURES PA			
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OTALS:										
OIAG.	<u> </u>									1
~ 1. 1		•							··-··	
ihis release	to be used or	nly in case	check is to be made pay	able to othe	rs than th	ne assured.		_		
			RELEASE AND A	ALITUADIZAT	IONI					
			WELD-IOE MID A	NOT TOKIZAL	ION					
The								losure	ance Comi	nanv
s hereby requ	ested, author	ized and e	npowered to pay as foll	lows:					ance com	puny
То						the sum of s	S			
10			**************************************			the sum of s	-			
						Total				
In full settle	ment and sati	isfaction fo	r all loss and domago	ماداد						
lescribed in th	e Proof of Los	s attached	r all loss and damage w thereto, and covered ur	nder Polises	ia on		icer	ad to the	nderrices	oeny ನ
				2. Guille 2. Cuil	DIAGE.	toN	1330		nuersigne	u.
In considere lemands, or li	ation of such ability whatso	payment, Sever for so	said Company is hereb id loss and damage, un	by discharge der said pol	d and for some size of the siz	rever rele	ased t	from any o	and all cla	ims,
				<u> </u>						
Pate										
, G C	-,		Mortgagee	·						

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SWORN STATEMENT IN PROOF OF LOSS

•	SWORK SIAIL	MENI IN TR		
		·	TOM TESORIER	CLAIM NUMBER
ALE - Unlimited AMOUNT OF POLICY AT TIME OF LOSS		• · _	'ESORIEC	NZF-02663581
		THE AMERICAN INSU	SURANT DOMPANY	O POLICY NUMBER
06/30/05	Fireman's	NATIONAL SURETY C	TANCE COMPANY 700.	Van Nys CA
DATE ISSUED	Fund	ASSOCIATED INDEMN		AGENCY AT
06/30/06	rusiu	_ AMERICAN AUTOMOB	ILE INSURANCE COMPANY	Dewitt Stern of CA
DATE EXPIRES	Thomasi	T	•	AGENT
To the	inemer)(can Insurance Co	ompany	
of Novato, CA				
At time of loss, by the above ind Feldman, LLP	icated policy of insurance	e you insured Mar:	iah Carey C/O Gel	fand Rennert &
against loss by A	11 Risk	to the	property described unc	der Schedule "A," according to
the terms and conditions of the	said policy and all for	ms, endorsements, tr	ansfers and assignmen	ts attached thereto
1. Time and Origin: A Wat	er Damage		ss occurred about the	hour of o'clock M
	(State Kind)			hour ofo'clockM.,
on the 02 day of April	2005 The c	ause and oriain of t	he said loss were: Wa	ter Damage-Infultration
from the buildings	Roof Tank			res pamage-intuitration
2. Occupancy: The building	described, or containin	g the property descr	ibed, was occupied at	the time of the loss as follows.
and for no other purpose who	stever: Condo 1	riplex Unit	·	
3. Title and Interest: At the tir	ne of the loss the intere	st of your insured in	the property described	therein was
as_owned	-		_No other person or pe	ersons had any interest therein or
incumbrance thereon, except:	no excepti	ons		mono nad dny knorosi merem or
	<u> </u>			
4. Changes: Since the said	policy was issued there	has been no assig	nment thereof, or char	age of interest, use, occupancy,
possession, location or exposure	of the property describ	ped except:as	per policy	
-		<u> </u>		
5. Total Insurance: The total	amount of insurance	upon the property of	lescribed by this polic	y was, at the time of the loss,
\$ALE_Unlimited_, as	more particularly spec	ified in the apportion	nment attached under	Schedule "C," besides which
there was no policy or other	contract of insurance, v	vritten or oral, valid	or invalid.	
6. Full Replacement Cost of the	ie said property at the	time of the loss was		\$
7. The Full Cost of Repair or I	Replacement is . Add	'기 Living Expen	se-Loss #1. · ·	\$743,388.33 770.874.
8. Applicable Depreciation is				\$
9. Actual Cash Value loss is (I	ine 7 minus Line 8) .			\$ 143,388.33 70, 714.
10. Less deductibles and/or				\$
	☐ Partia		Final payment	742 200 20 754
11. Actual Cash Value Claim				\$7 43,388.33 770,874.
12. Supplemental Claim, to be				ent
Cost Coverage within (This figure will be that po	days from date	ie of loss as shown at	ove, will not exceed.	\$
The soid loss did NOT originate by any	act, design or procurement of	the part of the insured of	this offices nothing has been	done by as with the points, as seemed of
the insured or this official to violate the ing damaged or destroyed, and belongin	conditions of this policy, or re- g to, and in possession of the	ider it void; no articles are said Insured at time of sai	mentioned herein or in annexed	ed schedules but such as were in the build-
attempt to deceive the said Company, of the Company to all rights, title and inte	is to the extent of soid loss, hi	as in any manner been mad which claim is being mad	le. In consideration of the pay	ment made, the insured hereby subrogates
required will be furnished on call and c THE INSURED OR THE PREPARING OF	onsidered a part of these Proo	Is. IT IS EXPRRESSLY UNDE	RSTOOD AND AGREED THA	THE FURNISHING OF THIS BLANK TO
COMPANY.	STANLEY	IM IV Ctote		done by or with the privity or consent of a scheduler but such as were in the build- is been in any manner concealed, and no ment made, the Insured hereby subragates nent. Any other information that may be I THE FURNISHING OF THIS BLANK TO OT A WAIVER OF ANY RIGHTS OF SAID
State of	Motary Public, 1 No. 02L1606		111	/
	Comm. Expires	July 16, 2007	4	D0222
County of		Y	() P0222
	inh			INSURED
Subscribed and sworn to before	me this Y Jan at	MAY	manh	
CONTROL CHIC SWOTH TO DRIVE	•			
	ANY PERSON WHO	KNOWINGLY AND WIT	TH INTENT TO DEFRAUD	ANY INSURANCE COMPANY OR
405033 1 == 4103	OTHER PERSON FILE	301651KYPWENT OF CL	LAIM CONTAINING ANY N	MATERIALLY FALSE INFORMATION,
405033—1-75 (NY)	OR CONCEALS, FOR	The purpose of Misli	EADING, INFORMATION C	ONCERNING ANY FACT MATERIAL
	THERETO, COMMITS	A FRAUDULENT INSUR	ANCE ACT, WHICH IS A C	RIME.



SCHEDULE "A"-POLICY FORM

Policy Form No).	Dated							
Item 1. \$	on							_	
Item 2. \$	on							····-	
ltem 3. \$	on								
Situated					***************************************				
Coinsurance, A	werage, Distribu	tion, or Deductible Clauses, if any							
Loss, if any, pa	yable to						<u> </u>		
		SCHEDULE STATEMENT OF ACTUAL CASH VAL		AND	DAMAGE				
						ACTUAL CA		LOSS AN DAMAG	
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TOTALS:			······································		<u></u>	<u> </u>			
		SCHEDULE "C"AP	PORTIONMEN	ıı					
POLICY NO.	EXPIRES	NAME OF COMPANY	ITEA	M NO_		ITEM NO_			
	- DAFIKES	NAME OF COMPANY	INSUF	RES	PAYS	INSURES		PAYS	
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			- 1			1	1 1		}
							11		†
TOTALS:							1 1		
This release	to be used only	in case check is to be made payab	le to others th	on th	ne assured.				
		RELEASE AND AUT	HORIZATION						
The									
is hereby requ	ested authorized	d and empowered to pay as follow					Insura	ince Com	oan
To	20100, 001101126	ond empowered to pay as tollow	/s.		the sum of \$	•			
То					the sum of \$				
					Total \$	S			
					•				
In full settle	ment and satisfa	ction for all loss and damage which	p occurred o	1			1	to the prop	ert
described in th	e Proof of Loss a	tached thereto, and covered unde	er conicy No.		-1-16	_issued to	the ur	ndersigne	d.
			D		- 9				
in considere	on of such po	yment, said Company is hereby	discharged a	nd-fa	orêver relec	ased from	any a	nd all cla	ims
uemanas, or II	uonity whatsoev	er for said loss and damage, unde	r said policy.			•			
		٠							
		Assured							
Date		Mortgagee							

•	WORN STATE	MENT IN PROOF	Or LOSS	005-05-207719
		7 101	ESOD -	CLAIM NUMBER
5,137,000.00 - I&B		T FIREMAN'S FUND INSURANCE	ESORIERO N	ZF-02663581
		THE AMERICAN INSURANCE COM	200s	POLICY NUMBER
06/30/05 DATE ISSUED	Fireman's	ASSOCIATED INDEMNITY CORPOR	· <u>v</u>	antys CA AGENCY AT
06/30/06 DATE EXPIRES	<u>Fund</u>	AMERICAN AUTOMOBILE INSURAN		itt Stern of CA
	The formula	· Y		AGENT
To the		can Insurance Company	,	······································
of Novato, C. At time of loss, by the above indi	cated policy of insurance	you increase Mariah Care	v C/O Gelfan	d Rennert &
Feldman, LLP		700 11130160		
against loss by All	Risk	to the property of	described under 1	Schedule "A," according to
the terms and conditions of the Nate: 1. Time and Origin: A water	said policy and all form	s, endorsements, transfers ar	nd assignments a	trached thereto.
1. Time and Origin: A water	(State Kind)	loss occurre	ed about the hou	r ofo'clockM.
on the day of April	(Siore King)		Water	Damage Infultration
from the buildings	Roof Tank	use and origin of the said to	ss were: "" cr	Panage Interestor
2. Occupancy: The building d	escribed, or containing	the property described, was	occupied at the	time of the loss as follows
and for no other purpose what	ever: Condo Tr	i-plex Unit		
3. Title and Interest: At the time	e of the loss the interest	of your insured in the prope	عاد مادوناندها	
us office		No other	Derson or person	s had any interest therein a
incumbrance thereon, except:	no except:	ions		The dry micros morem of
4. Changes: Since the said p	olicy was issued than	hae haan an animana al		
possession, location or exposure	of the property describe	d except: as per po	reon, or change licy	of interest, use, occupancy
5. Total insurance: The total of \$.5,137,000.00 as rethere was no policy or other cost. 6. Full Replacement Cost of the Total of Page 1 as P. The Full Cost of P. The Full Cost of Page 1 as P. The Full Cost of P. The P.	more particularly specific ontract of insurance, wri	ed in the apportionment att tten or oral, valid or involid.	ached under Sch	as, at the time of the lass nedule "C," besides which
 The Full Cost of Repair or Re Applicable Depreciation is 	ibiocement is 1609b	t.l&BLoss #1		-
9. Actual Cash Value loss is (Li	ne 7 minus Line 8)	• • • • • • • • • • • • • • • • • • • •		691,954.22
10. Less deductibles and/or p			·	\$
11. Actual Cash Value Claim i	Partial	payment 🔯 Final pay	rment	691,954.22
12. Supplemental Claim, to be	filed in accordance with	the terms and conditions of t	he Replacement	
Cost Coverage within (This figure will be that por	days from date	of loss as shown above, will a	not exceed .	\$_ P0225
The said loss did NOT originate by any a the Insured or this afficint to violate the coing damaged or destroyed, and belonging attempt to deceive the said Company, as the Company to all rights, site and interrequired will be furnished on call and control the The Insured or THE PREPARING OF PICOMPANY.	ct, design or procurement on the	e part of the Insured of this affiant; r it void; no articles are mentioned he	nothing has been done crein ar in annexed sch	by ar with the privity or consent o
attempt to deceive the said Company, as the Company to all rights, title and intere	to the extent of said loss, has it in and to the property for wi	in any manner been made. In consider thich claim is being made to the extension	ration of the payment ent of such payment	t in only manner concealed, and ac made, the insured hereby subragate Any other information that may be
THE INSURED OR THE PREPARING OF PLEOMPANY.	ROOFS BY AN ADJUSTER, OR	IT IS EXPRRESSLY UNDERSTOOD AN ANY AGENT OF THE COMPANY/NAM	D ACREED, THAT THE SEO HEREIN IS NOT A	FURNISHING OF THIS BLANK TO WAIVER OF ANY RIGHTS OF SAID
State of NY	Notary Public, NY	State Vy ///O		
	No. 021,160615 Comm. Expires Ju	86 N 16. 20×7		
County of 19	 ,	X		
Subscribed and sworn to before i	me this 16 day of	MAY	<u> 3</u> 006	INSURED
	ANY PERSON WHO KI	NOWINGLY AND WITH INTENT	TO DEFRAUD AN	Y INSURANCE COMPANY OR
405093—1-75 (NY)	OR CONCEALS, FOR TH	PSTAYEMENT OF CLAIM CONT. E PURPOGEIOF MISLEADING, IN	AINING ANY MATE FORMATION CONCI	KIALLY FALSE INFORMATION, FRNING ANY FACT. MATERIAI
	THERETO, COMMITS A	FRAUDULENT INSURANCE ACT,	WHICH IS A CRIME	(See Back)

SCHEDULE "A"—POLICY FORM

				Dated								
Item 1. \$			_on									
Item 2. \$			_on									
			_on									
Situated		D) .		4 41 51				·				
Coinsurani	ce, Ave	erage, Dist	ribution, or De	ductible Clauses, if a	iny			<u></u>				
coss, ir any	, paya	DIE 10										
			STATEMEN	SCHED IT OF ACTUAL CASH	ULE "B" VALUE AN	D LOSS A	ND	DAMAGE				
1.	1. Agreed Tenant I&B Repairs								AC	TUAL CASH VALUE	LOSS AI	
	ļ		 ·						_		669,62	1.61
2.	Mole	d Remedi	ation (Ind	irect Water Dam	ages)	SX004			<u> </u>		22,32	.61
				Total	Tenant	I&B			-		691,95	22
TOTALS:									-			
				SCHEDULE "C"	-APPORTIC	ONMENT	•					<u> </u>
2000000		51/01050				Mati	NO			ITEM NO.		
POLICY N	0.	EXPIRES	NAME OF COMPANY	INSURE		PAYS		INSURES	PAYS			
	1								\Box	<u>-</u>	T	
					:							
TOTALS:												
												-
This rel	ease to	be used o	only in case che	eck is to be made pay	yable to o	thers the	in th	e assured				
				RELEASE AND	AUTHORIZ	ATION						
Theis hereby i	reques	ted, autho	rized and emp	owered to pay as fol	lows:					lnsu	rance Con	pany
To							1	the sum of	2			
To								the sum of	\$			
								Total	\$			
In full s	ettlem	ent and sa	tisfaction for a	ll loss and damage v	vhich occi	irred on					to the pro	nerty
described	in the	Proof of Lo	ss attached the	ereto, and covered u	nder Polit	V No ::	aT::		iss	ued to the	undersian	ed.
					ದವ್ಯ	YH SIG	3.4.5	ton ·			_	
In cons demands,	iderati or liab	ion of sucl pility what:	h payment, sa soever for said	id Company is here loss and damage, u	by digging nder said	policy.	P. C.	g <u>re</u> yer rele	easec	l from any	and all c	laims,
				Assured	d							
Date				Mortgage	e							